PI

100

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

124

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus Transportation County			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	\:	
This clain	This claim is for the period beginning									
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District: District Level:							evel:			
29 McCone 0547 Circle Elem Elementary						entary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	1		100	1 15	53	08/13/04			

41

08/13/04

TR-6 (1/05) Page 1

OPI	
WI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			•							
DUE DATES:		February 1	First Semester to County Superin 5 to State Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning, 20 and ending, 20 month day month day										
CERTIF	ICATIO	N:								
The infor	mation on	this form is compl	lete and accurate to th	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees										
County:			District:				District Le	vel:		
29 McCone 0548 Circle H S High School						chool				
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	1	23	120	1.15	53	08/13/04				
100	1	7	60	0.95	30	08/13/04				
100	1	8	87	0.95	42	08/13/04				
100	1	9	80	0.95	30	08/13/04				

TR-6 (1/05) Page 1

PI

29 McCone

Percentage

100

100

District

#

134

134

Route

North Rte

South Rte

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0566 Vida Elem

Miles

Per Day

60

81

Rate

Per Mile

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

Elementary

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

DUE	February 1	First Semester to County Super			Second Semester May 10 to County Superintendent			
DATES:	•	5 to State Superi			May 24 to State Superintendent			
COMPLE	TE THIS CLAIM FO	OR STATE REIN	<u> 1BURSEMENT</u>	FOR SCHOOL	L BUS TRANSPORT	TATION:		
This claim is for the period beginning						, 20		
		month	day		month	day		
CERTIFI	CATION:							
The inform	nation on this form is comp	lete and accurate to	the best of my know	ledge.				
Date		Signature, Chair, Bo	ard of Trustees					
County:		District:				District Level:		

Capacity

16

16

Inspection

08/20/04

08/16/04

TR-6 (1/05) Page 1